Schedule E)			PAGE 1 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour re	eport New re	eport Amends repo	rt filed on
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			09 05 2014 Amount
City	State	Zip Code	50.00
Conway	AR	72032	Transaction ID : 0189416b-82fc-43ae-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			09 05 2014 Amount
City	State	Zip Code	6.00
Conway	AR	72032	Transaction ID : 0450dac2-01e0-41b4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		. ▶ 56.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			·
	y candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	onically Filed] Date	09 06 2014
Signature			

Schedule E)		1101120		PAGE 2 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Delta Airlines			0	9 05 7 2014
Mailing Address P.O. Box 20706			Amount	
City	State	Zip Code		507.20
Atlanta	GA	30320		ction ID : aba8ffd8-d1d5-4753-9 Disbursement or Obligation
Purpose of Expenditure travel expense		Category/ Type 004		09 05 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	109504.79	Disbursement 2014 Oth	For: Primary X General per (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Vivid Ink Graphics				09 05 2014
Mailing Address 11710 Cloverland Ct				09 05 2014
- Throughtand Co			Amount	<u> </u>
City	State	Zip Code		308.79
Baton Rouge	LA	70809		tion ID: 68da9c81-7e62-4712-a Disbursement or Obligation
Purpose of Expenditure Lapel Stickers		Category/ Type 007		9 05 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7-1-7	109504.79	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	815.99
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date		06 2014
Signature		_		

Schedule E)	DENT EXTEND	TOTILO	PAGE FOR S	3 OF 58 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C00530	0766
Check if 24-hour report X 48-hour repo	rt New repo	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee The Sound Source			Date of Public Distril	
Mailing Address 229 23rd Street			09 05	
			Amount	
City	State	Zip Code		811.50
Kenner	LA	70062	Transaction ID : 1b9 Date of Disbursemen	
Purpose of Expenditure Sound Set-up for Metairie Event		Category/ Type 007	09 0	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Mary L Landrieu		X Oppose	President Sen	ate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	09504.79	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee			Date of Public Distri	bution/Dissemination
Joseph P Thierfelder			M M / D	5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2411 Armstrong			Amount	
City	State	Zip Code		80.00
Gastonia	NC	28054	Transaction ID : d682 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	09 / 09	
Name of Federal Candidate		Support	Office Sought: Hou	ise District: 00
Ms. Kay Hagan		X Oppose	President Sen	ate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	286282.59	Disbursement For: P 2014 Other (specify)	rimary X General
(a) SUBTOTAL of Itemized Independent Expe	enditures			891.50
				7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06 V	2014
S.g.iataio				

Schedule E)	INT EXTEND	TIONES		PAGE 4 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Joseph P Thierfelder			09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2411 Armstrong			Amount	
City	State	Zip Code		10.80
Gastonia	NC	28054		0: ed99e12e-182b-403f-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	-,,	286282.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
James Kindstedt			M M / / 09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		28.50
Winston Salem	NC	27105		: 2c8b2b3a-1209-454e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	286282.59	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expend	itures			39.30
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>)</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06	2014
Signature				

Schedule E)	DENT EXICIO	ITORES	PAGE 5 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Kindstedt			09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr			Amount
City	State	Zip Code	6.99
Winston Salem	NC	27105	Transaction ID : b77f2109-468c-4ac2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joanna Kindstedt			09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			Amount
City	State	Zip Code	28.50
Rural Hall	NC	27045	Transaction ID : ec100d5e-ed06-4f77-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		35.49
(b) CURTOTAL of Unitersized Independent Cu	va o a dituva o		
(b) SUBTOTAL of Unitemized Independent Ex	perialtures		
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 6 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			09 / 05 / 2014
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	50.00
Forest City	NC	28043	Transaction ID: 0a78f576-db69-40c6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 05 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	286282.59	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Victoria A Gray			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2173 Spokane Rd			Amount
City	State	Zip Code	20.00
Fayetteville	NC	28304	Transaction ID : 61210c60-bea2-4cbc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	286282.59	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		70.00
(1) OUDTOTAL (11):			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	INT EXI END	TIONES	PAGE FOR	7 OF 58 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distri	bution/Dissemination
Victoria A Gray			09 / 09	
Mailing Address 2173 Spokane Rd			Amount	
City	State	Zip Code		7.20
Fayetteville	NC	28304	Transaction ID: 967 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 0	5 / 2014
Name of Federal Candidate		Support	Office Sought: Hou	ise District: 00
Ms. Kay Hagan		X Oppose	President Sen	ate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: P 2014 Other (specify)	rimary X General
Full Name of Payee			Date of Public Distri	bution/Dissemination
Eric J Smith			09 / D	5 2014
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655	Transaction ID: 243 Date of Disburseme	
Purpose of Expenditure Salary		Category/ Type 001	09 / 0	
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00
Ms. Kay Hagan		Oppose	President Ser	
Calendar Year-To-Date Per Election for Office Sought	-,,	286282.59	Disbursement For: F 2014 Other (specify)	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			87.20
, ,			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	4
(c) TOTAL Independent Expenditures			·	4 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 06 /	2014
-				

Schedule E)	LIVI EXI END	HONES	<b>—</b>	PAGE 8 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer E Smith			09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		9 : <b>437b8b31-31b0-4711-b</b> sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / / 09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer E Smith			09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		7.50
Morganton	NC	28655		: 93ac709b-d36e-48dc-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures			87.50
, ,				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	47
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 06	2014
-				

Schedule E)	INI EXI END	ITOTILO	PAG FOR	GE 9 OF 58 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTI	IFICATION NUMBER ▼
Women Speak Out PAC			C C005	30766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dist	ribution/Dissemination
Jodi Fountain				05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		35.00
Bogalusa	LA	70427	Transaction ID : e7 Date of Disbursement	77477ae-912e-4c24-9 ent or Obligation
Purpose of Expenditure Salary		Category/ Type 001		05 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose		enate State: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For:  2014  Other (specify)	Primary Seneral
Full Name of Payee			Date of Public Dist	tribution/Dissemination
Jodi Fountain				05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		9.00
Bogalusa	LA	70427	Transaction ID : ae Date of Disbursem	89d851-f642-4cd4-9 ent or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		05 / 2014
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00
Ms. Mary L Landrieu		X Oppose	President Se	
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For: 2014 Other (specify)	Primary X General ) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		•	44.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06 /	2014
3.9				

Schedule E)	LIVI EXI END	HONES	PAGE 10 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			09 / 05 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	65.00
Spindale	NC	28160	Transaction ID: 05a8bb21-b515-4e3c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,	286282.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			09 / 05 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	31.02
Spindale	NC	28160	Transaction ID: e924053f-7614-42c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	286282.59	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		96.02
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 7 2014
•			

Sc	chedule E)		PAGE 11 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC		C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends repor	rt filed on	- M / D = D / Y = Y = Y
Т	Full Name of Payee	Date c	of Public Distribution/Dissemination
	Timothy Foley	M	09 05 2014
	Mailing Address 20679 Glenbrook Terrace	Amour	int
ŀ	City State Zip Code		25.00
	Sterling VA 20165		saction ID : a1134237-4bda-444e-8 of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001		09 / 05 / 2014
Ì	Name of Federal Candidate Support	Office Sought	nt: House District:00
	Ms. Kay Hagan Oppose	Preside	NO
	Calendar Year-To-Date Per Election for Office Sought 286282.59	Disbursement 2014 Ot	of the respective to the second of the respective to the respecti
Ī	Full Name of Payee	Date o	of Public Distribution/Dissemination
	Laura U Logie		09 05 2014
1	Mailing Address 2565 Shire Circle		09 03 2014
		Amour	unt
1	City State Zip Code	-	25.00
	Harrisonburg VA 22801	Transac Date o	action ID: 745f4a5a-00bd-4961-9 of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  Oo1		09 / 05 / 2014
ľ	Name of Federal Candidate Support	Office Sought	nt: House District: 00
	Ms. Kay Hagan Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought 286282.59	Disbursement 2014 Ot	nt For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>	50.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	· [_	7 7 7 7
(	(c) TOTAL Independent Expenditures	•	7 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M M / / 09	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	DENT EX ELLS.			PAGE 12 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repo	ort New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Daniel E Collison			Date of Pub	olic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			Amount	
City	State	Zip Code		50.00
Greensboro	NC	27410		n ID : f2696ffe-82ed-4d6e-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	286282.59	Disbursement For: 2014 Other (	Primary ⊠ General specify) ▶
Full Name of Payee Daniel E Collison				olic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			M 09	05 2014
3313 Cardina Nuge Nu			Amount	
City	State	Zip Code		25.20
Greensboro	NC	27410	Transaction Date of Dis	ID: 3dc2b235-3fa2-4c7a-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: 2014 Other (	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. •	75.20
(b) SUBTOTAL of Unitemized Independent E	voondituree			7
(b) SUBTUTAL OF OFFICERINZED INDEPENDENT L	cpenditures		• •	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 / 06	
Signature				

Schedule E)		PAGE 13 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report file	ed on
Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination
Mailing Address 5330 Nestleway Dr		09 05 2014 Amount
City State	Zip Code	40.00
Clemmons	27012	Transaction ID: 913a6ef0-f3b1-488c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	286282.59 Dis 201	bursement For: Primary General  4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Toni A Persinger-Buckler		09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5330 Nestleway Dr		Amount
City State	Zip Code	6.00
Clemmons NC	27012	Transaction ID : a0849fd3-3bc2-4afd-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 05 / Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	286282.59 Dis 20	bursement For: Primary General  Other (specify)   General
(a) SUBTOTAL of Itemized Independent Expenditures		40.00
(a) SUBTUTAL of hemized independent Expenditures	·····	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	09 06 2014
Signature	_	

Schedule E)	INT EXI END	ITORES	<u> </u>	PAGE 14 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Linda J Fueling			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6424 Purple Martin Ct			Amount	
City	State	Zip Code		40.00
Wilmington	NC	28411		: 97d7bae6-357a-4f6c-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Linda J Fueling			09	05 / 2014
Mailing Address 6424 Purple Martin Ct			Amount	
City	State	Zip Code		24.00
Wilmington	NC	28411		: <b>4e4a425e-2805-4491-9</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	286282.59	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			64.00
,,			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>)</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06	2014
-				

Schedule E)	IN EXICID	HONES	PAGE 15 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			09 05 7 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	63.00
Shelby	NC	28152	Transaction ID: e1e4b960-71c0-4077-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	-		Date of Public Distribution/Dissemination
Nick Berryhill			09 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	5.10
Shelby	NC	28152	Transaction ID : 54e68c9f-3f7e-4609-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 68.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 7 2014

Schedule E)					PAGE 16 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams					of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St				Amou	09 05 2014 nt
City S	state	Zip Code			85.00
	LA	70116			action ID: 834b9453-3dc6-4e67-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		09 05 2014
Name of Federal Candidate		Sı	upport	Office Sough	t: House District: 00
Ms. Mary L Landrieu			opose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	09504.79		Disbursement 2014 Or	t For:
Full Name of Payee				Date of	of Public Distribution/Dissemination
Tammay Williams				M	09 05 7 2014
Mailing Address 924 N. Prieur St				Amou	nt
City	State	Zip Code			15.00
New Orleans	LA	70116			ction ID : 2e4eafc0-f321-4ab8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	M	09 / 05 / 2014
Name of Federal Candidate		Sı	upport	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X o	ppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		109504.79		Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures				· [	100.00
(b) SUBTOTAL of Unitemized Independent Expenditure	·s			· [	
(c) TOTAL Independent Expenditures				· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	09	06 / 2014

Schedule E)	L/(1 L.(12)	1101120		PAGE 17 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y
Full Name of Payee Antoinette Franklin				of Public Distribution/Dissemination
Mailing Address 8822 Apple St			L	09 05 2014
OUZZ APPIG OI			Amou	nt
City	State	Zip Code		50.00
New Orleans	LA	70188		action ID: 6374c61c-a432-495d-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	109504.79	Disbursemen 2014 O	t For: Primary
Full Name of Payee			Date	of Public Distribution/Dissemination
Lucas H Hoyle			N	09 05 2014
Mailing Address 282 Falls Ave			Amou	
			Amou	nt
<b>1</b> ′	State	Zip Code		30.00
Granite Falls	NC	28630	Transa Date	ction ID: de3bf18d-918b-483c-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	N	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursemen 2014	t For:
-				
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b>	80.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			•	7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	06 2014
Signature				

Schedule E)				PAGE 18 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PA	С			C00530766
Check if 24-hour report	48-hour report New	w report Amends repo	ort filed on	D D / Y Y Y Y Y
Full Name of Payee Lucas H Hoyle			Date of Public	Distribution/Dissemination
Mailing Address 282 Falls Ave			09	05 2014
	,		Amount	
City	State	Zip Code		9.60
Granite Falls	NC	28630		D: 5da10cb5-2544-42ba-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sc	pught	286282.59	Disbursement For: 2014 Other (sp	Primary ☐ General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Theresa a Youngbloo	od		M M M	0E / Y Y Y Y Y
Mailing Address 102 S Mair	Street Apt A2		09	05 2014
102 0 191411	1 Sileet Apt Az		Amount	
City	State	Zip Code		60.00
Berryville	VA	22611	Transaction IE  Date of Disbu	0: 4e6cec1e-0a5c-447f-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office So	ought	286282.59	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Ind	ependent Expenditures		>	69.60
(b) SUBTOTAL of Unitemized	Independent Expenditures		•	
			7	4
(c) TOTAL Independent Expendent	ditures		<b>&gt;</b>	7 1 7
Under penalty of perjury I certi with, or at the request or sugge party committee) any political p	estion of, any candidate or author			
Ms. Emily Buchanan		lectronically Filed] Date	9 09 06	2014
Signature				

Schedule E)	DENT EXPEND	TIONES	PAGE 19 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repor	t filed on
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive			09 05 / 2014
1110 200111110 01110			Amount
City	State	Zip Code	100.00
Lenoir	NC	28645	Transaction ID: e5759e2e-fdfe-448f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	23.40
Lenoir	NC	28645	Transaction ID: 41f01b03-4e0c-4f35-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For:
(a) CURTOTAL of Itamized Independent Type	n ditura o		400.40
(a) SUBTOTAL of Itemized Independent Expe	natures		123.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on/ D_D / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Parker H Morrow	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street	Amount
City State Zip Code	30.00
Searcy AR 72143	Transaction ID : eac42608-b860-4a8d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought 77237.56	Disbursement For:  Primary  General 2014
Full Name of Payer	
Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  09 05 2014
Mailing Address 506 N Horton Street	Amount
City State Zip Code	32.10
Searcy AR 72143	Transaction ID: 8393064c-3e07-4b18-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 77237.56	Disbursement For:  Primary  General 2014  Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	te 09 06 2014
Signature	

PAGE

20

OF

Schedule E)		DITORILO	PAGE 21 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Hope Benner			09 / 05 / 2014
Mailing Address 2073 A Clover Ave			Amount
City	State	Zip Code	35.00
Springdale	AR	72764	Transaction ID : fbc32f74-8f4f-4bd8-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Hope Benner			09 05 7 2014
Mailing Address 2073 A Clover Ave			Amount
City	State	Zip Code	7.80
Springdale	AR	72764	Transaction ID : a8dedb70-de5e-4622-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		42.80
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(b) SOBTOTAL OF OTHER MIZE A MICEPERIOR EXPE	maitares		7 7 7
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	09 06 7 2014
<u>-</u>			

Schedule E)	ENT EXI END	TIONES	PAGE 22 FOR SE OF FO	OF 58 DRM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	YYYY
Full Name of Payee			Date of Public Distribution/Dis	semination
Beau Autin			09 / 05 / Y	2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		42.50
Metairie	LA	70006	Transaction ID: 921a8f59-ef Date of Disbursement or Obli	
Purpose of Expenditure Salary		Category/ Type 001	09 / 05 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
Ms. Mary L Landrieu		X Oppose	President Senate S	tate: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For:  Primary 2014  Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Dis	ssemination
Beau Autin			09 / 05	2014
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		6.09
Metairie	LA	70006	Transaction ID : b462277f-c11 Date of Disbursement or Obli	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Ms. Mary L Landrieu		Oppose	President Senate S	state: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expen-	ditures			48.59
			77-	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
-				

Sc	chedule E)	1101120	PAG FOF	GE 23 OF 58 R SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			IFICATION NUMBER ▼
W	/omen Speak Out PAC			530766
Che	eck if 24-hour report X 48-hour report New rep	port Amends repor	t filed on	D / Y Y Y Y Y
T	Full Name of Payee Kenny Wallis			tribution/Dissemination
-	Mailing Address 6412 Osage Dr			05 2014
			7 11104.1.	
	City State	Zip Code	Tarreston ID 4	40.00
	North Little rock AR	72116	Transaction ID: 1  Date of Disbursem	c6a76d9-869f-42ec-8 nent or Obligation
	Purpose of Expenditure Salary	Category/ Type 001		05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: Ho	ouse District: 00
	Mr. Mark L Pryor	X Oppose		enate State: AR
	Calendar Year-To-Date Per Election for Office Sought	77237.56	Disbursement For: 2014 Other (specify)	Primary
	Full Name of Payee		Date of Public Dis	tribution/Dissemination
	Kenny Wallis		M M / D	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 6412 Osage Dr			2311
			Amount	
ŀ	City State	Zip Code		20.82
	North Little rock AR	72116	Transaction ID : df. Date of Disbursem	2c6f7f-7174-42fd-9 nent or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M M / D	05 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	ouse District: 00
	Mr. Mark L Pryor	X Oppose	President Se	enate State: AR
	Calendar Year-To-Date Per Election for Office Sought	77237.56	Disbursement For:  2014  Other (specify	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	60.82
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	4
(	(c) TOTAL Independent Expenditures		<b>•</b>	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	09 06 /	2014
	Signature	_		

Schedule E)		10.120		PAGE 24 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	r report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Ralph Smith			Date of Public	c Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			Mmount	05 2014
City Mt. Airy	State NC	Zip Code 27030		60.00 ID : 40461a53-88bd-4f07-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation  05 2014
Name of Federal Candidate		C. www.aut	200	House District: 00
Ms. Kay Hagan		Support  Oppose	Office Sought:	House   District:
Calendar Year-To-Date Per Election for Office Sought	2	286282.59	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee Lee R Carter			Date of Publi	c Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			M 09 O9	05 2014
City	State	Zip Code		70.00
Raleigh	NC	27604	Transaction II  Date of Disbu	D: a41ca38a-652b-4e71-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 <sup>M</sup>	/ 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		. >	130.00
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that th with, or at the request or suggestion of, party committee) any political party com-	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 06	/ Y Y Y Y Y Y 2014
Signature				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ralph Smith	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2090 Fancy Gap Rd	Amount
	City State Zip Code	27.06
	Mt. Airy NC 27030	Transaction ID : d4ac2356-7cff-4e6c-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 286282.59  Disbut 286282.59	ursement For: Primary X General
		Other (specify) -
	Full Name of Payee  Lee R Carter	Date of Public Distribution/Dissemination
	Mailing Address 3110 Brentwood Rd	09 05 2014 Amount
	City State Zip Code	21.60
	Raleigh NC 27604	Transaction ID : c0890bb2-8d1d-484e-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 05 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 286282.59	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	48.66
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		09 06 2014
	Signature	

PAGE 25

OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed or	M M M / D D / Y Y Y Y Y Y
Full Name of Payee	0	Date of Public Distribution/Dissemination
Lee R Carter		09
Mailing Address 3110 Brentwood Rd	A	Amount
City	State Zip Code	70.00
g		Transaction ID: dbd1f8a7-2855-4631-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	286282.59 Disburse 2014	ement For: Primary X General  Other (specify) ▶
Full Name of Payee Lee R Carter  Mailing Address 3110 Brentwood Rd		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	21.60
		ransaction ID: d7d0e0e2-eb99-4102-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose P	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	286282.59 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	91.60
(b) SUBTOTAL of Unitemized Independent Expenditure	ss	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 09	06 2014
Signature		

PAGE

26

OF

	Tieddie E)			FOR SE OF	FORM 24/48			
	AME OF COMMITTEE (In Full)  Nomen Speek Out DAC							
۷۷	omen Speak Out PAC		С	C00530766				
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y			
Ţ	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination			
	Tracy M Hargett	M	09 <sup>M</sup>	05	2014			
	Mailing Address 5133 Lord Bryon Road	Amou	nt					
ŀ	City State Zip Code	Г.			60.00			
	Wilmington NC 28405			ID: 92ad44b oursement or (	9-ee68-496c-9			
	Purpose of Expenditure Salary  Category/ Type 001		09	05	2014			
ŀ	Name of Federal Candidate Support Office	Sough	t:	House	District:00			
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disbu 286282.59  Disbu 2014	rsemen		Primary	General			
	Full Name of Payee			specify)	/Discouring tion			
	Tracy M Hargett		01 Pub	/ D D /	/Dissemination			
	Mailing Address 5133 Lord Bryon Road	Amou		05	2014			
	City State Zip Code				16.80			
	Wilmington NC 28405			ID: 2c81607b bursement or				
	Purpose of Expenditure Mileage  Category/ Type  002	IV	09 <sup>M</sup>	05	2014			
	Name of Federal Candidate Support Office	Sough	ıt:	House	District:00			
	Ms. Kay Hagan Oppose	Preside	ent	X Senate	State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disbut 286282.59			Primary	/ X General			
(	(a) SUBTOTAL of Itemized Independent Expenditures		-7	7	76.80			
	(b) SUBTOTAL of Unitemized Independent Expenditures							
(	(c) TOTAL Independent Expenditures			7				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.							
	Ms. Emily Buchanan [Electronically Filed] Date 09		06	201	14			
_	Signature		<u></u>					

PAGE 27

OF

ScI	hedule E)	<b>L</b> /(1 <b>L</b> )(2)	1101120		PAGE 28 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
Т	Full Name of Payee			Date	of Public Distribution/Dissemination
	Andrea L Hammond				09 05 2014
	Mailing Address 12920 Kneeland Ln			Amou	ınt
ŀ	City	State	Zip Code	- $ $ $-$	35.00
	Neosho	MO	64850		saction ID : de60552c-9692-47d6-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 05 7 2014
t	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
Γ	Full Name of Payee			Date	of Public Distribution/Dissemination
	Christopher Marquess			IV	09 05 2014
	Mailing Address 110 W Pecan St			Amou	
-	01:	01-12	7:- C-do		75.00
	City Ville Platte	State LA	Zip Code 70586	Transa	75.00  action ID : 6ebcec4b-f3fe-4fa2-b  of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	109504.79	Disbursemen 2014 O	nt For: Primary X General  Other (specify) ▶
(6	(a) SUBTOTAL of Itemized Independent Expenditures	\$		• [	110.00
(1	(b) SUBTOTAL of Unitemized Independent Expenditure	ires			
(0	(c) TOTAL Independent Expenditures			· •	
W	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	06 / Y = Y = Y = Y = Y
	Signature		_		

Schedule E)	IDENT EXTEND	TIONES	<u> </u>	PAGE 29 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	:00530766
Check if 24-hour report X 48-hour report	nrt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		38.40
Ville Platte	LA	70586		: b2c6a235-ce49-4c0c-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	1	09504.79	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Christopher Marquess			M = M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		75.00
Ville Platte	LA	70586		: 911aeb21-9eee-4b6a-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	109504.79	Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		·	113.40
			7	7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	79.
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06	2014

Schedule E)	INT EXI END	ITOTILO	PAGE 30 OF 58 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	•
Women Speak Out PAC			C C00530766	]
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination	
Christopher Marquess			09 / 05 / 2014	
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code	38.40	П
Ville Platte	LA	70586	Transaction ID : b264a95d-6a84-4c86-a Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	_
Calendar Year-To-Date Per Election for Office Sought	1	109504.79	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶	al 
Full Name of Payee			Date of Public Distribution/Dissemination	
Rebecca A Shearer			09 05 2014	Υ
Mailing Address 6544 Arno College Grove Rd			Amount	
City	State	Zip Code	30.00	П
College Grove	TN	37046	Transaction ID : 6c1f21a0-f7c0-4cf9-9 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	M 09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	_
Calendar Year-To-Date Per Election for Office Sought	7 7	77237.56	Disbursement For: Primary X General 2014 Other (specify) ▶	al —
(a) SUBTOTAL of Itemized Independent Expendit	ures		68.40	7
			7 7	-
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· <b>&gt;</b>	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	il Eliberii ext ette.	10.120		PAGE 31 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hou	ur report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Gregory Green			М М	ic Distribution/Dissemination
Mailing Address 2506 Bolch Street			09 Amount	05 2014
City	State	Zip Code		50.00
Shreveport	LA	71104		ID: 5639913d-7b32-47ed-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	09504.79	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Gregory Green			Date of Publ	ic Distribution/Dissemination  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amount	ــــا لـتـا
City	State	Zip Code		70.50
Shreveport	LA	71104	Transaction I  Date of Disb	D : 136d39ab-33df-417a-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independen	nt Expenditures		<b>•</b>	120.50
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		· •	4 1 4 1
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7.1.5
Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party com	, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 / 06	2014
Signature				

Schedule E)	ENT EXITER	JII OI LEO	PAGE 32 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			09 05 2014  Amount
City Little Rock	State AR	Zip Code 72212	65.00 Transaction ID : 24422cb3-9b6a-428c-8
Purpose of Expenditure			Date of Disbursement or Obligation
Salary		Category/ Type 001	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	<del></del>		Date of Public Distribution/Dissemination
Bradley K Kissinger			09 05 Y 2014
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	24.60
Little Rock	AR	72212	Transaction ID : 33d5c2be-8d9a-49e5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		89.60
(-,			7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	EXI END					PAGE 33 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	rt filed on	= M /	D = D / Y = Y = Y = Y
Full Name of Payee Mary Frank					- M /	Distribution/Dissemination
Mailing Address 14 Ramblewood Drive				Amou	09 nt	05 2014
City	State	Zip Code				30.00
Covington	LA	70435				ID: d99f4044-70d5-4506-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		09	05 / 2014
Name of Federal Candidate		<u>'</u>	Support	Office Sough	t:	House District: 00
Ms. Mary L Landrieu			Oppose	Preside		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	09504.79		Disbursemer 2014		Primary
Full Name of Payee				Date	of Public	c Distribution/Dissemination
Mary Frank					09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14 Ramblewood Drive				Amou	nt	
City	State	Zip Code				1.56
Covington	LA	70435				D: b41e49fc-0d25-46fb-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		09	05 2014
Name of Federal Candidate			Support	Office Sough	ıt:	House District: 00
Ms. Mary L Landrieu		X	Oppose	Presid	ent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	9	Disbursemer 2014		Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.						31.56
					——————————————————————————————————————	7
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	-	7
(c) TOTAL Independent Expenditures				•	-	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	06	2014
Signature						

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	09 05 2014
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	25.00
Lafayette LA 70503	Transaction ID : 56a65faf-13fc-4f31-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 109504.79	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	2.67
Lafayette LA 70503	Transaction ID : 2c24c450-2319-49c7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 05 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 109504.79	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	27.67
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 06 2014
Signature	

PAGE

OF

Schedule E)	ENT EXILEN	DITORLO	PAGE 35 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09 / 05 / 2014
Mailing Address 10112 Piney Creek Ct			Amount
City	State	Zip Code	40.00
Charolette	NC	28215	Transaction ID : e5ab7215-9ef1-4d4c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 05 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Wheeler			09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct			Amount
City Charolette	State NC	Zip Code	24.90 Transaction ID : 158e9719-4ce5-4bef-9
	110	28215	Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		64.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 06 2014
Signaturo			

Schedule E)	LIVI EXI END	HONES	PAGE 36 OF FOR SE OF FORM 24	58 ./48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMB	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemina	YY
Mailing Address 1691 Fork Mtn Rd			09 05 2014 Amount	
Oih.	Chaha	7:a Cada		2.00
City  Bakersville	State NC	Zip Code 28705	Transaction ID : 191f76cc-2e35-4a8  Date of Disbursement or Obligation	0.00 <b>c-a</b>
Purpose of Expenditure Salary		Category/ Type 001	09 05 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought	.,,	286282.59	Disbursement For: Primary X Ge 2014 Other (specify) ▶	eneral
Full Name of Payee Virginia M Stevens				Y Y
Mailing Address 1691 Fork Mtn Rd			09 05 2014 Amount	4
City	State	Zip Code	18.	60
Bakersville	NC	28705	Transaction ID : 701f4ec8-5aa3-4f9b- Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y 2014	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Kay Hagan		Oppose	President State:	NC
Calendar Year-To-Date Per Election for Office Sought	7	286282.59	Disbursement For:  Primary	eneral
(a) SUBTOTAL of Itemized Independent Expendent	itures		58.60	0
(b) SUBTOTAL of Unitemized Independent Expe	enditures			-
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 2014	
S.g.iataro				

Schedule E)	I EXI ENDI	TOTILO	<b>⊢</b>	PAGE 37 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Vonniqua Jackson			09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Westchester Blvd			Amount	
Apt D4				
City	State LA	Zip Code	Transaction II	50.00
Slidell	LA	70458		D: a88ee75d-3274-4e21-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	, 1	09504.79	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeanne Tribou			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		50.00
Mandeville	LA	70471		: 8bb35de2-6fd5-4a93-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	109504.79	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	.s			100.00
(-)			7	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 06	2014
g. ia.a.o				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeanne Tribou	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22369 Ponderosa Dr.	Amount
	City State Zip Code	5.70
	Mandeville LA 70471	Transaction ID : 882182f8-bca7-4b6c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 05 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Stephanie L Heun	09 05 2014
	Mailing Address 8026 S Wilwood Dr Apt 101	Amount
	City State Zip Code	25.00
	Oak Creek WI 53154	Transaction ID : c7d51e97-43dc-4878-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	30.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	1.7.1.7.1.5.1
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

38

OF

Schedule E)	INT EXTEND	HONES	PAGE 39 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 05 2014 Amount
			7
City	State	Zip Code	85.00
Greensboro	NC	27407	Transaction ID: 424a4d17-091b-4a14-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	286282.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Phillip Williams			09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	43.80
Greensboro	NC	27407	Transaction ID : d032b5e5-bd64-450b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		. 128.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 / 2014
Signaturo			

Schedule E)	EXI EIID			PAGE 40 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
o		. 🗆 .	M	M / D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	_
Full Name of Payee Beverly Williams			Date of	
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		85.00
Greensboro	NC	27407		ction ID : 641e95a8-1ca6-4d5c-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement F 2014 Othe	For: Primary
Full Name of Payee	<u> </u>		Date of	Public Distribution/Dissemination
Taylor N Randall			0:	
Mailing Address 2002 E Park Ave			Amount	
Apt 40				
City Searcy	State AR	Zip Code 72143	Transact	35.00 ion ID : 2c083c65-b5b8-4689-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	77237.56	Disbursement F 2014 Othe	For:
(a) SUBTOTAL of Itemized Independent Expendit	tures		•	120.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures			7 1 7 1 7 1
(a) activities of containing mapping and the			•	7-1-7-1-7-1
(c) TOTAL Independent Expenditures			·	7.1.7.1.5.1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		06 2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Taylor N Randall	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2002 E Park Ave	Amount
	Apt 40	00.50
	City State Zip Code Searcy AR 72143	20.52  Transaction ID: 71d25978-37a3-4daf-a  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	77007.50	ursement For: Primary X General
	Per Election for Office Sought 77237.56 2014	Other (specify)
	Full Name of Payee Shelbi L Randall	Date of Public Distribution/Dissemination
	Mailing Address 202 Fast Park Ave Ant 40	09 05 2014
	Mailing Address 202 East Park Ave Apt 40	Amount
	City State Zip Code	35.00
	Searcy AR 72143	Transaction ID: 9945f5b8-f8d5-4bec-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 05 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	55.52
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT11	9 06 2014
	Signature	
_		

PAGE 41

OF

Sche	dule E)	<b>L</b> /( <b>L</b> /( <b>L</b> )	1101120			PAGE 42 OF 58 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Won	nen Speak Out PAC					00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M /	D = D / Y = Y = Y
	I Name of Payee			D	ate of Public	Distribution/Dissemination
	latt M Clarke				09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	illing Address 1254 Fleming St Apt 6			А	mount	
City		State	Zip Code	—— [		30.00
	onway	AR	72032			D: 28aedb8b-97af-4fd7-b sement or Obligation
	rpose of Expenditure alary		Category/ Type 00		09 /	05 / 2014
Nai	me of Federal Candidate		Support	Office So	ought:	House District: 00
Mr	. Mark L Pryor		X Oppose		esident X	
	Calendar Year-To-Date Per Election for Office Sought		77237.56	Disburse 2014	ment For: [  Other (spe	Primary
	II Name of Payee latt M Clarke			D		Distribution/Dissemination
	Siling Adding a				09	05 / 2014
1	1254 Fleming St Apt 6			A	mount	
Cit	у	State	Zip Code			11.40
	onway	AR	72032	Tra	ansaction ID ate of Disbur	: 58f6c866-d28c-4498-8 sement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	2	09	05 / 2014
Na	me of Federal Candidate		Support	Office S	ought:	House District:00
Mr	r. Mark L Pryor		X Oppose	Pr	esident X	
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	77237.56	Disburse 2014	ement For: Other (spe	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	s		•		41.40
(b) (	CURTOTAL of Uniterprized Independent Expanditu					
(D) .	SUBTOTAL of Unitemized Independent Expenditu	res		····· • L	7	
(c)	TOTAL Independent Expenditures			····· <b>&gt;</b>		7
with,	er penalty of perjury I certify that the independen , or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 09	/ DID 06	2014
S	Signature		_			

	neddie E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷V	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report fi	iled on	M = M	/ D = D /	Y Y Y Y
Т	Full Name of Payee	Date	of Pub	olic Distribution	Dissemination
	Sandra L Clarke		09	/ D D /	2014
	Mailing Address 1254 Fleming St Apt 6	Amou	unt		
ŀ	City State Zip Code	$\dashv \sqcap$			30.00
	Conway AR 72032			n ID: adedb716 bursement or 0	c-8759-476b-9
	Purpose of Expenditure Salary  Category/ Type  001		M 09	/ 05	2014
ı	Name of Federal Candidate Support Of	ffice Soug	ht:	House	District:00
	Mr. Mark L Pryor Oppose	Presid		X Senate	State: AR
١	Calcidat Ical Io Date	isburseme		,	X General
ŀ			Other (s	specify) ►	
	Full Name of Payee  Xavier Miller		M = M	olic Distribution	Y Y Y Y Y
ŀ	Mailing Address 407 randall Dr	- L	09	05	2014
		Amo	unt		
I	City State Zip Code			7	60.00
	Searcy AR 72143			ID: e505aaa9- bursement or 0	
	Purpose of Expenditure Salary  Category/ Type  001	[	M 09	05	2014
ľ	Name of Federal Candidate Support O	Office Soug	ht:	House	District:00
	M M 11 B	Presid		X Senate	State: AR
		oisburseme 014		Primary specify) ▶	General
_			ouner (	specify) -	
(	(a) SUBTOTAL of Itemized Independent Expenditures				90.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			· · · · ·	
(	(c) TOTAL Independent Expenditures			p 1 47	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not vith, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	06		4 Y J Y
	Signature		00	201	

PAGE 43

OF

Schedule E)	VI EXI END	TIONES	<u> </u>	PAGE 44 OF 58 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Xavier Miller			M M /	05 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		33.00
Searcy	AR	72143		: 0de17864-d7b0-4f11-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	77237.56	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Joneisha Stewart			M 09 /	05 / 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		50.00
Marrero	LA	70072		873563dc-5d88-42ab-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	109504.79	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	83.00
				7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 06	2014
•				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report	48-hour report New repo	ort Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Ca	p Rd		Amount
City	State	Zip Code	60.00
Mt. Airy	NC	27030	Transaction ID : 2be43234-094a-450b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 7 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Kay Hagan		∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght 2	Disk 201	oursement For: Primary X General  Other (specify) ▶
Full Name of Payee	<u> </u>		
Ms. Tonya Boyd			Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy	Cap Rd		Amount
City	State	Zip Code	27.06
Mt. Airy	NC	27030	Transaction ID : 9007945c-9bc0-4cdc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support Offi	ce Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	286282.59 Dis 201	bursement For:  Primary  General  4 Other (specify) ▶
(a) SUBTOTAL of Itemized Inde	pendent Expenditures	······	87.06
(b) SUBTOTAL of Unitemized In	dependent Expenditures	·····	
(c) TOTAL Independent Expendi	tures	· · · · · · · · · · · · · · · · · · ·	
	tion of, any candidate or authorized		nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electroni	cally Filed]	09 06 2014
Signature			

PAGE

45

OF

Schedule E)	INT EXI END	JITONES	PAGE 46 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lourdes Lopez			09 / 05 / 2014
Mailing Address 2936 Brushwood Ave			Amount
City	State	Zip Code	40.00
Springdale	AR	72764	Transaction ID: 3435808d-2d0a-46be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lourdes Lopez			09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amount
City	State	Zip Code	3.00
Springdale	AR	72764	Transaction ID : 56adc6ac-be71-4775-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	77237.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		43.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 06 7 2014
- 3			

Schedule E)	I EXI END	ITOTIES		PAGE 47 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Brenda L McCune			Date of Public	Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			09	05 2014
			Amount	
City	State	Zip Code		72.50
Conway	AR	72032		0: 791a4ce6-660f-4ae2-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		77237.56	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Brenda L McCune			Date of Public	Distribution/Dissemination
			09	05 / Y Y Y Y Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		33.90
Conway	AR	72032		: 95e6d1ff-a3dc-41f9-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	77237.56	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditure	es			106.40
				7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06	2014
Signature				

Schedule E)	JENT EXI END	ITOTILO		AGE 48 OF 58 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C C00	0530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public Di	istribution/Dissemination
ERIC TABARY			M M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		30.00
METAIRIE	LA	70003		30a1b5b9-bcb8-4d49-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	109504.79	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
ERIC TABARY			09	05 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.80
METAIRIE	LA	70003		7d6aaba9-5c0c-4774-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		109504.79	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			31.80
(4)			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 06 /	2014
5.g. (a.a.)				

Schedule E)	El Eliberii Em E			PAGE 49 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-h	our report X New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Mr. Roger McKinney			M 09	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Stre	et		Amount	
City	State	Zip Code		47.50
Pilot Mountian	NC	27041		ID: 04a53617-4462-4a48-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	286282.59	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee	<u></u>			lic Distribution/Dissemination
Mr. Roger McKinney			M = M	/ D D / Y Y Y Y
Mailing Address 308 West Main S			09	05 2014
Mailing Address 308 West Main S	reet		Amount	
City	State	Zip Code		15.87
Pilot Mountian	NC	27041		ID: b913a48b-a142-496c-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: 2014 Other (s	Primary X General specify) ►
<del></del> -				
(a) SUBTOTAL of Itemized Independ	ent Expenditures		•	63.37
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		. •	
(c) TOTAL Independent Expenditures	······		· •	79. 1
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	2014
Signature		_ · · · · · · · · · · ·	نتا لنتا	

Schedule E)	71101.23	PAGE 50 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	port Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street		09 05 2014 Amount
City State	Zip Code	47.50
Plot Mountain NC	27041	Transaction ID : d418a406-f569-4dd1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 05 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	286282.59 Dis 202	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct		09 05 2014 Amount
City State	Zip Code	65.00
High Point NC	27260	Transaction ID : 6e02c1e3-f625-4c51-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 05 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	LIVI LXI LIV	TIONES	PAGE 51 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			09 05 2014
1025 dayley of			Amount
City	State	Zip Code	20.10
High Point	NC	27260	Transaction ID: 15cfd2a2-cd09-4a7a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 05 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	286282.59	Disbursement For:  Primary  General  Q014  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 05 7 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	30.00
Greensboro	NC	27407	Transaction ID : c02e0919-487a-4622-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		50.10
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 2014
Signaturo			

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Eleanor McCoy	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4902 Catawba Dr	Amount
	City State Zip Code	15.30
	Greensboro NC 27407	Transaction ID: 62d791e2-b909-4e55-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 286282.59  Disbut 286282.59	
		Other (specify) -
	Full Name of Payee  James W Blevins	Date of Public Distribution/Dissemination
	Mailing Address 108 East Clinton St	09 05 2014
	PO Box 410	Amount
	City State Zip Code	27.50
	Salemburg NC 28385	Transaction ID : 0ca68978-bd4d-4172-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 05 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	42.80
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71	09 06 2014
	Signature	2011

PAGE 52

OF

Schedule E)		1 =11=.	10.120		PAGE 53 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	С				C C00530766
Check if 24-hour report	48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee James W Blevins				D	Date of Public Distribution/Dissemination
Mailing Address 108 East Clir	nton St			A	09 05 2014 Amount
PO Box 410				— г	10.00
City Salemburg	State NC		Zip Code 28385		Transaction ID: 4b4bbb09-1f2a-4618-9
Purpose of Expenditure Mileage			Category/ Type 002		Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	Office S	cought: House District: 00
Ms. Kay Hagan			X Oppose		resident Senate State: NC
Calendar Year-To-Date Per Election for Office So	ought	28	86282.59	Disburse 2014	ement For:
Full Name of Payee Earl Stewart  Mailing Address 9455 Snow	v Camp Road				Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State		Zip Code	—— [	55.00
Snowcamp	NC		27349	Tr	ransaction ID: 5191d8eb-57e6-425d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate			Support	Office S	Sought: House District: 00
Ms. Kay Hagan			X Oppose	Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office So	ought		286282.59	Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Inc	dependent Expenditures			<b>.</b>	65.32
(b) SUBTOTAL of Unitemized	Independent Expenditures			··· •	
(c) TOTAL Independent Expen	ditures			··· • [	
	estion of, any candidate or a				e in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily Buchanar		[Electronic	cally Filed] Dat	e 09	06 2014
Signature					

Schedule E)	LXI LIVE					PAGE 54 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Am	ends repo	ort filed on	И = М	/ D D D / Y D Y D Y
Full Name of Payee Earl Stewart					M M	ic Distribution/Dissemination
Mailing Address 9455 Snow Camp Road				Amor	09 unt	05 2014
City	State	Zip Code				8.10
Snowcamp	NC	27349				ID: 6ed52b7e-8da7-4d6d-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	] [	M 09	05 2014
Name of Federal Candidate			Support	Office Soug	nt:	House District: 00
Ms. Kay Hagan			Oppose	Presid	_	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	286282.59		Disburseme 2014		Primary
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Christine Stevens				1	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				Amo		03 2014
City	State	Zip Code				10.00
Winchester	VA	22602				D: 29bc0a75-164b-449d-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		09 <sup>M</sup>	05 / 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Kay Hagan			Oppose	Presid	dent	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	9	Disburseme 2014		Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				, [		18.10
(b) SUBTOTAL of Unitemized Independent Expenditure	25			. 🗀		
(a) God to the original and postable Exposition					-	
(c) TOTAL Independent Expenditures				•	-	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	06	2014
Signature						

Sc	hedule E)	31101120	<b>—</b>	PAGE 55 OF 58 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
W	omen Speak Out PAC		C co	00530766
 Che	eck if 24-hour report X 48-hour report New re	eport Amends report	t filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public I	Distribution/Dissemination
	Jazmine d Conner		M M / O9	05 2014
	Mailing Address 100 ASBURY CT		Amount	
ŀ	City State	Zip Code	— L.	20.00
	WINCHESTER VA	22602		: d40ab3b8-50b3-45d8-b ement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	09	05 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President X	NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 Other (spec	Primary
Ī	Full Name of Payee		Date of Public (	Distribution/Dissemination
Ī	Rodney O Culbreath		M M /	D D / Y Y Y Y Y
ŀ	Mailing Address 100 Asbury Ct		09	05 2014
	100 Asbury Ct		Amount	
ŀ	City State	Zip Code		30.00
	Winchester VA	22602	Transaction ID : Date of Disburs	<b>50558229-be18-48f4-a</b> sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M M / 09	05 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
-	Ms. Kay Hagan	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	286282.59	Disbursement For: 2014 Other (spec	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	50.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
(	(c) TOTAL Independent Expenditures		<b>•</b>	7
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electro	onically Filed] Date	09 / 06	2014
	Signature			

Schedule E)	ENT EXTEND	TIONES	PAGE 56 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on Man / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Rodney D Culbreth			09 05 7 2014
Mailing Address 100 Asbury CT			Amount
3200 Dam Neck Rd	Otata	7'- 0-1-	00.00
City Winchester	State VA	Zip Code 22602	20.00 Transaction ID : fbb619cf-287c-4921-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  Man Man Date of Disbursement or Obligation  09 05 2014
Name of Federal Candidate			
Ms. Kay Hagan		Support Oppose	Office Sought: House District: 00  President Senate State: NC
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought	, , ,	286282.59	2014 Other (specify) ▶
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination
AA-Than Addings			09 / 05 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	20.00
Winchester	VA	22602	Transaction ID: 65c7556d-b26b-4362-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		286282.59	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		40.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	ididate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 06 2014
3·ga.a. 0			

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	/omen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report X 48-hour report New report Amends report filed		- M	/ D = D /	Y = Y = Y = Y
٦	Full Name of Payee	Date o	of Pub	lic Distribution	/Dissemination
	Jon E Conner		09 <sup>M</sup>	05 /	2014
	Mailing Address 100 Asbury Ct	Amour	nt		
	City State Zip Code	Г.			10.00
	Winchester VA 22602			n ID: 50536451 oursement or 0	I-e2fe-4f33-a
	Purpose of Expenditure Salary  Category/ Type 001		09 <sup>M</sup>	05	2014
	Name of Federal Candidate Support Office	Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbu 286282.59  Disbu 2014	rsement		Primary	General
	Tot Election for Office Sought	O1	ther (s	specify) 🕨	
	Full Name of Payee Malinda Ledford		- M	olic Distribution	Y = Y = Y
	Mailing Address 44 Bell Street Ext	L	09	05	2014
		Amou	nt		
	City State Zip Code	L			40.00
	'			ID: 3fe9a405- bursement or (	
	Purpose of Expenditure Salary  Category/ Type  001	М	09 <sup>M</sup>	05	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
		Preside		X Senate	State: NC
				Primary specify) ▶	General
_	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.			50.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures			7	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 09		06	D / Y Y 201	4
	Signature				

PAGE 57

OF

Schedule E)	PAGE 58 OF 58 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Malinda Ledford	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext	Amount
City State Zip Code	18.60
	Transaction ID : 6d494a45-e5ab-4778-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburs 286282.59  Disburs 2014	sement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office 9	Sought: House District:
Oppose p	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Sement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	18.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	5573.77
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Og	M / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0.9.1.0.0	